

Name  
in  
Full

Ellen E Angell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

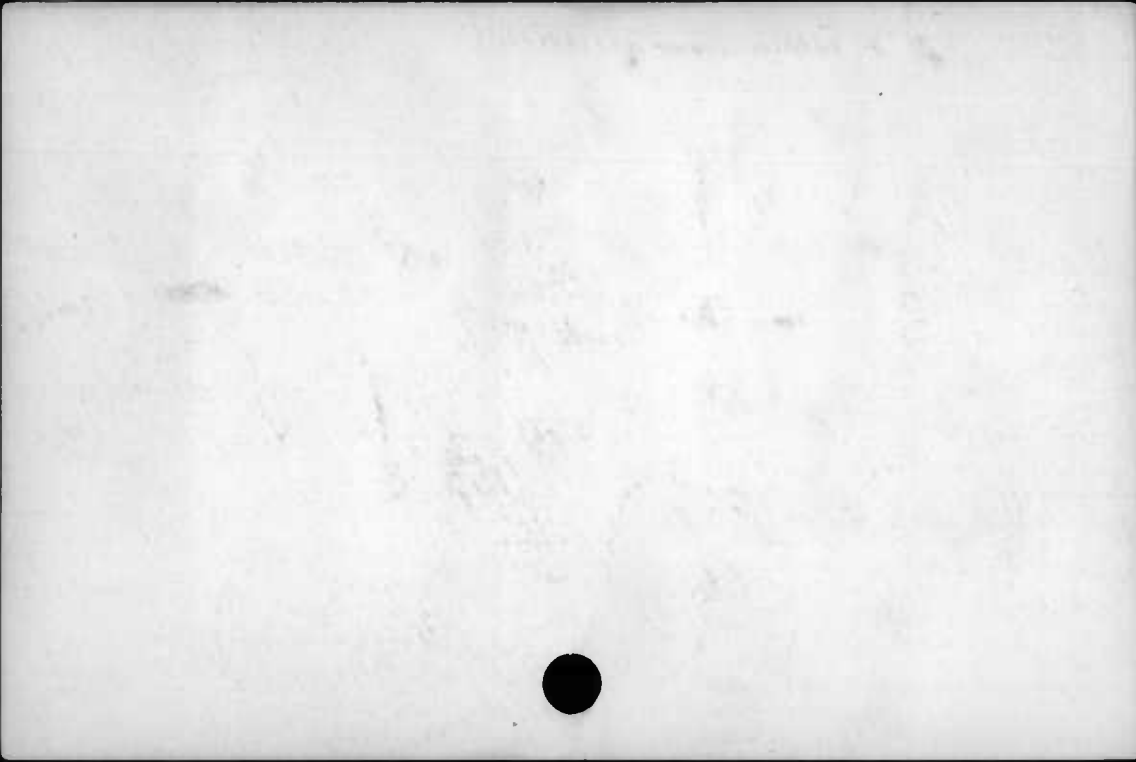
Died at <i>Laneytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	7	Day	2
Age		Years		Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Milton Angell</i>		Father's Birthplace	<i>Ind</i>
Mother's Maiden Name		<i>Maud A Boutson</i>		Mother's Birthplace	<i>Ind</i>
Name of person giving information		<i>Milton Angell</i>		How related to deceased	<i>Father</i>

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Do not know.</i>	How long	<i>Do not know</i>
Immediate	<i>Respiratory Failure</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. A. Davis</i>	
		Address	
		<i>Laneytown</i>	
		<i>Ind</i>	
Accident or Suicide?			



Name  
in  
Full

Peter Orlaada Barry

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

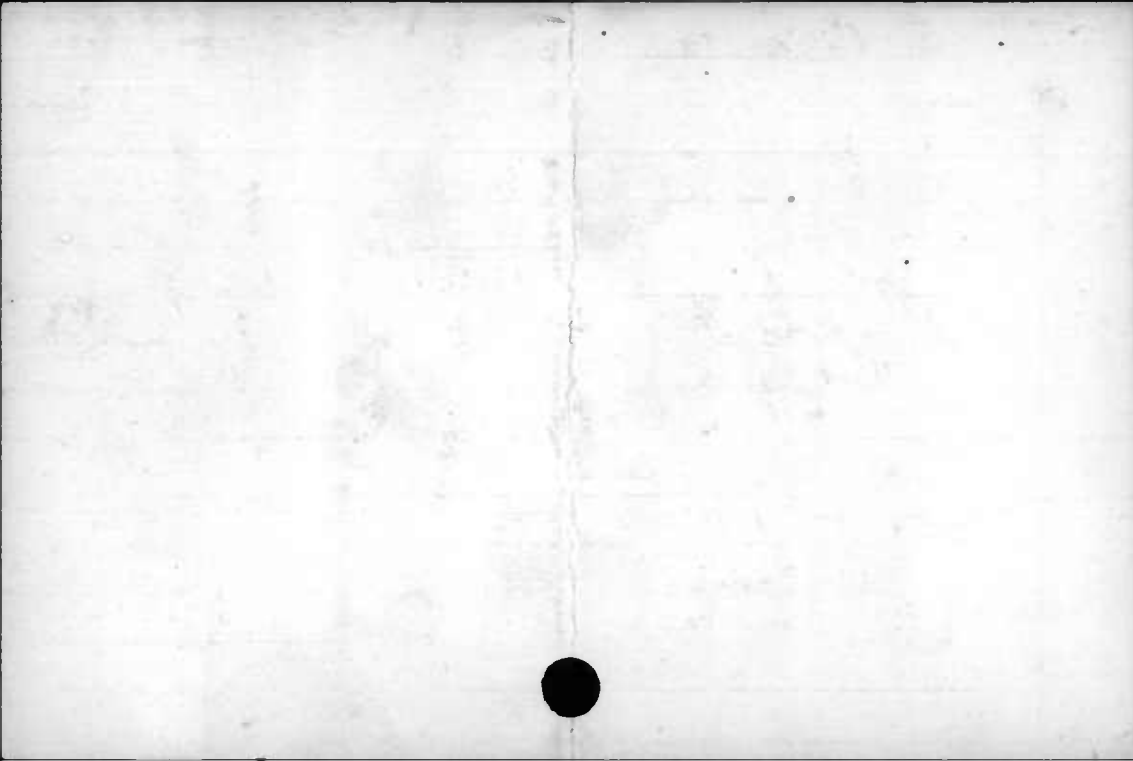
Died at		Town <i>Morgan</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>3</i>	Age <i>60</i>	Years <i>60</i>	Months <i>8</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Washington D.C.</i>			
Occupation <i>Labourer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Kate Sartrell Barry</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Kate &amp; Barry</i>				How related to deceased <i>wife</i>			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>acute indigestion</i>	How long	<i>2 hours</i>
Immediate	<i>Heart failure</i>	How long	<i>21</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Ed Cronk</i>	
		Address	
		<i>Winfield Carroll Co.</i>	
Accident or Suicide?			



Name  
in  
Full

Charles Bernard Bidinger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Syracuse <sup>Town</sup> Carroll <sup>County</sup> **MARYLAND**

Date of death 1907 July <sup>Month</sup> 20 <sup>Day</sup> Age 1 <sup>Years</sup> 7 <sup>Months</sup> 22 <sup>Days</sup>

Sex Male Color or Race White Birth-place Syracuse

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Charles A Bidinger

Father's  
Birthplace

Howard Co

Mother's  
Maiden Name

Mabel Bernard

Mother's  
Birthplace

Baltimore City

Name of person giving  
Information

Charles A Bidinger

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Enteric Colitis

105

How long

6 days

Immediate

If transition

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Daniel B. Shrecher

Address

Syracuse  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Shriver D. Brandenburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

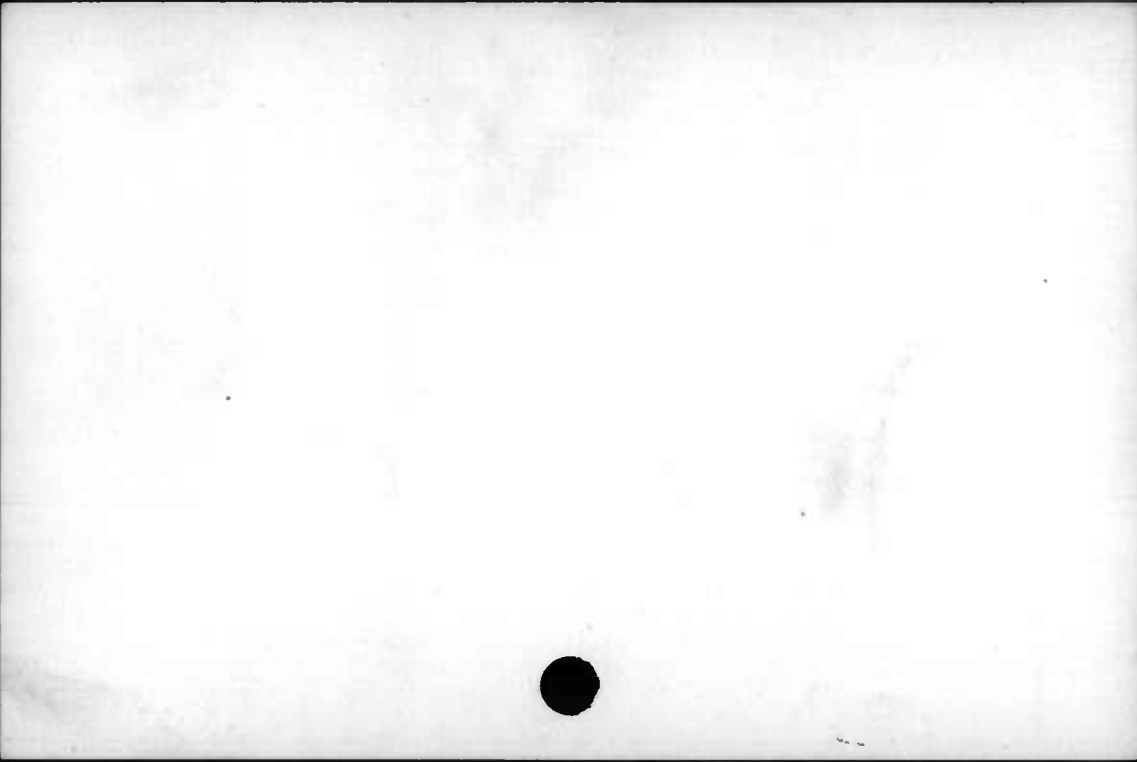
Died at		Town <i>Freedom</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		<i>July</i>	<i>11</i>	<i>34</i>		<i>8</i>	
Sex		Color or Race		Birth-place			
<i>Male</i>		<i>White</i>		<i>Carroll Co</i>			
Occupation				Where Residing if not at place of death			
<i>Clerk and Magistrate</i>							
Married, Single or Widowed		Name of Wife or Husband					
<i>Single</i>							
Father's Name		Father's Birthplace					
<i>Jerse W. Brandenburg</i>		<i>Carroll Co</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Mary Catharine Brough</i>		<i>Carroll Co</i>					
Name of person giving information		How related to deceased					
<i>Mary Catharine Brough</i>		<i>Mother</i>					

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary		How long	
<i>Pulmonary Tuberculosis</i>		<i>5 Years</i>	
Immediate		How long	
<i>Paralysis of the heart</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Daniel B. Greener</i>	
		Address	
		<i>Sykesville</i>	
		<i>Ind.</i>	
Accident or Suicide?			





Name  
in  
Full

Ellen Clark

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

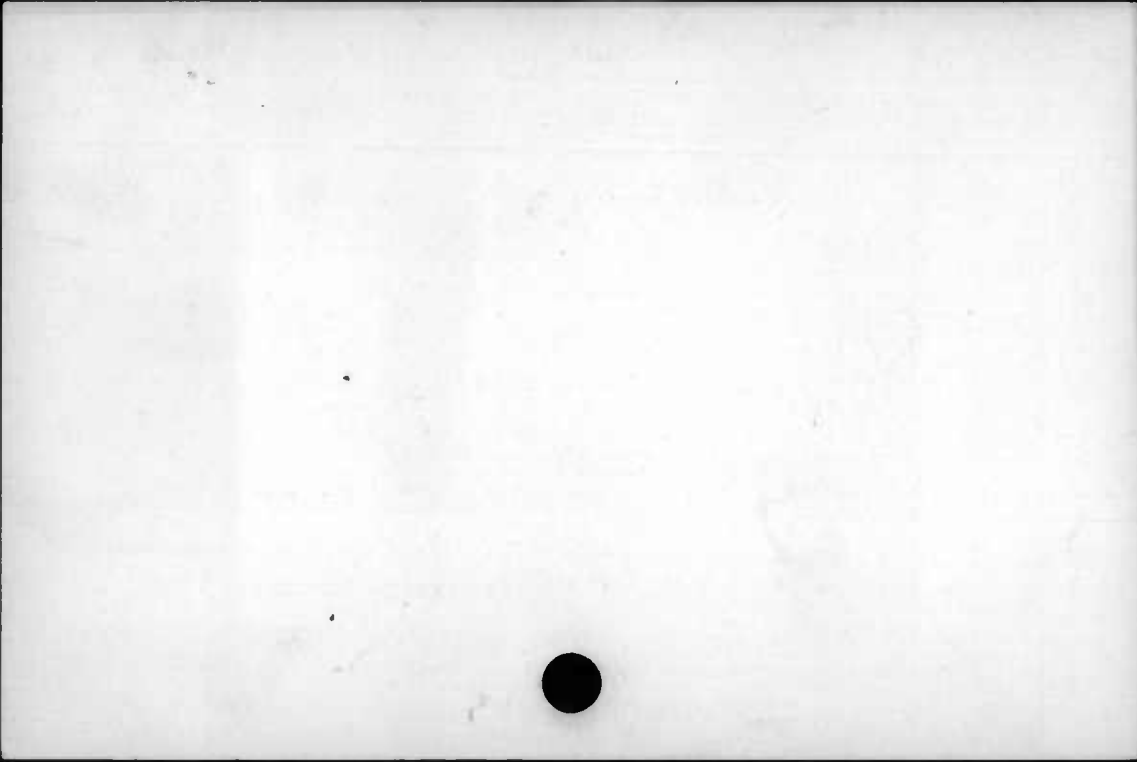
Died at <i>Tannytown</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1907	Month	July	Day	28th
Age	54	Years		Months	4
				Days	20
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband <i>Adam Clark</i>			
Father's Name	<i>Barney Shoemaker</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Mary Newcomer</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Ida Clark</i>			How related to deceased	<i>step daughter</i>

## CAUSES OF DEATH

131

PHYSICIAN  
OR CORONER

Primary	<i>Ovarian tumor</i>	How long	<i>4 yrs</i>
Immediate	<i>Septicemia</i>	How long	<i>10 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>B. Brin</i>
	<i>yes</i>	Address	<i>Tannytown</i>
Accident or Suicide?			



Name  
in  
Full

Still born child *Classon*

CERTIFICATE OF DEATH

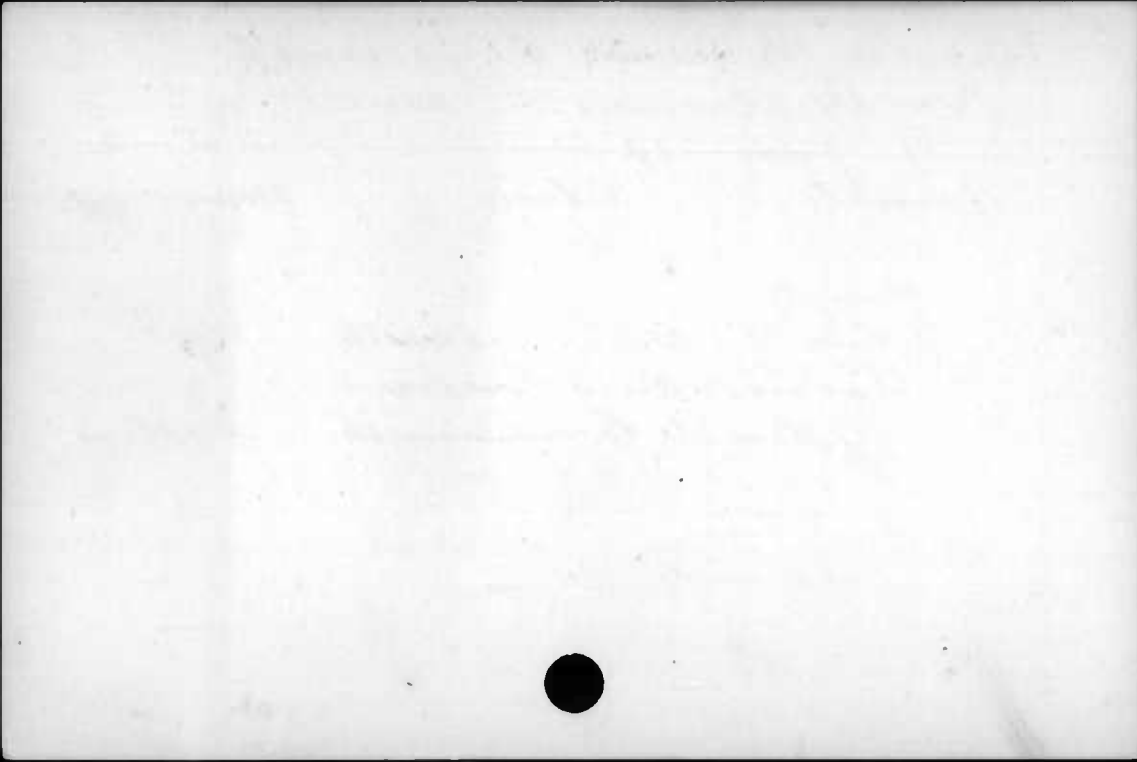
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kennett</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>27</i>	Age <i>still born</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Theodore Classon</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Stella Brown</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Dr. E. E. ...</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long
Immediate	<i>Still born</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. E. ...</i>
		Address <i>...town</i>
Accident or Suicide?		



Name  
in  
Full

No 219

CERTIFICATE OF DEATH

*Anssie Madaline Cofyersmith*

Town

County

MARYLAND

Died at *New Westminster*

*Carroll*

Date

Month

Day

Years

Months

Days

of death *1907*

*July*

*13*

Age

*—*

*2*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Maryland*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

Father's  
Name

*John W. Cofyersmith*

Father's  
Birthplace

*Md*

Mother's  
Maiden Name

*Anssie Mary Fowler*

Mother's  
Birthplace

Name of person giving  
in formation

*John W. Cofyersmith*

How related  
to deceased

*Father*

CAUSES OF DEATH

Primary

*Pneumonia*

*151*

How long

*—*

Immediate

*Heart Failure*

How long

*—*

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

*J. J. Boman*

Address

*Westminster*

*Md.*

Accident or Suicide?

*—*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Shannon  
St Johns Cemetery

Name  
in  
Full

Melvin Franklin Crawford,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Taylorsville<sup>County</sup> Carroll

MARYLAND

Date

of death 190

Month

7

Day

29

Age

Years

—

Months

9

Days

4

Sex

Male

Color or  
Race

White

Birth-  
place

Taylorsville,

Married, Single  
or Widowed

Single

Occupation

Name of Wife or  
HusbandFather's  
Name

Wm. Crawford

Father's  
Birthplace

Carroll Co., Md.

Mother's  
Maiden Name

Maggie Franklin

Mother's  
Birthplace

" " "

Name of person giving  
In formation

Maggie Franklin

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Cholera Infantum

How long

3 days

Immediate

"

"

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E D Crank

Address

Winfield  
Carroll Co.

Accident or Suicide?

Gaylorsville,



Name in Full		Frank Duwall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died		Town Eldersburg	County Carroll		MARYLAND	
	Date of death	1907	Month July	Day 11	Age Years	Months	Days 2 hrs.
	Sex	Male		Color or Race	White		
	Occupation	none		Where Residing if not at place of death		same	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	W. H. Duwall				Father's Birthplace	md.
	Mother's Maiden Name	Bertha Holmes				Mother's Birthplace	md.
Name of person giving information	W. H. Duwall				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Twin . 7 mos. Premature birth				How long	Lived . 2 hrs.
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	M D Morris		
				Address	Eldersburg md		
	Accident or Suicide?	—					

151



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant of U. G. Duwall

Town

County

MARYLAND

Died

near Eldersburg Carroll

Date  
of death

1907

Month

July

Day

11

Years

Age

-

Months

-

Days

-

Sex

Female

Color or  
Race

White

Birth-  
place

Carroll Co. Ind

Occupation

none

Where Residing if not  
at place of death

same

Married, Single  
or Widowed

-

Name of Wife or  
Husband

-

Father's  
Name

U. G. Duwall S

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Bertie Holmes

Mother's  
Birthplace

Ind

Name of person giving  
information

U. G. Duwall

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Still born twin. 7 mos.

How long

-

Immediate

How long

-

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Address

M D Houris M.D.

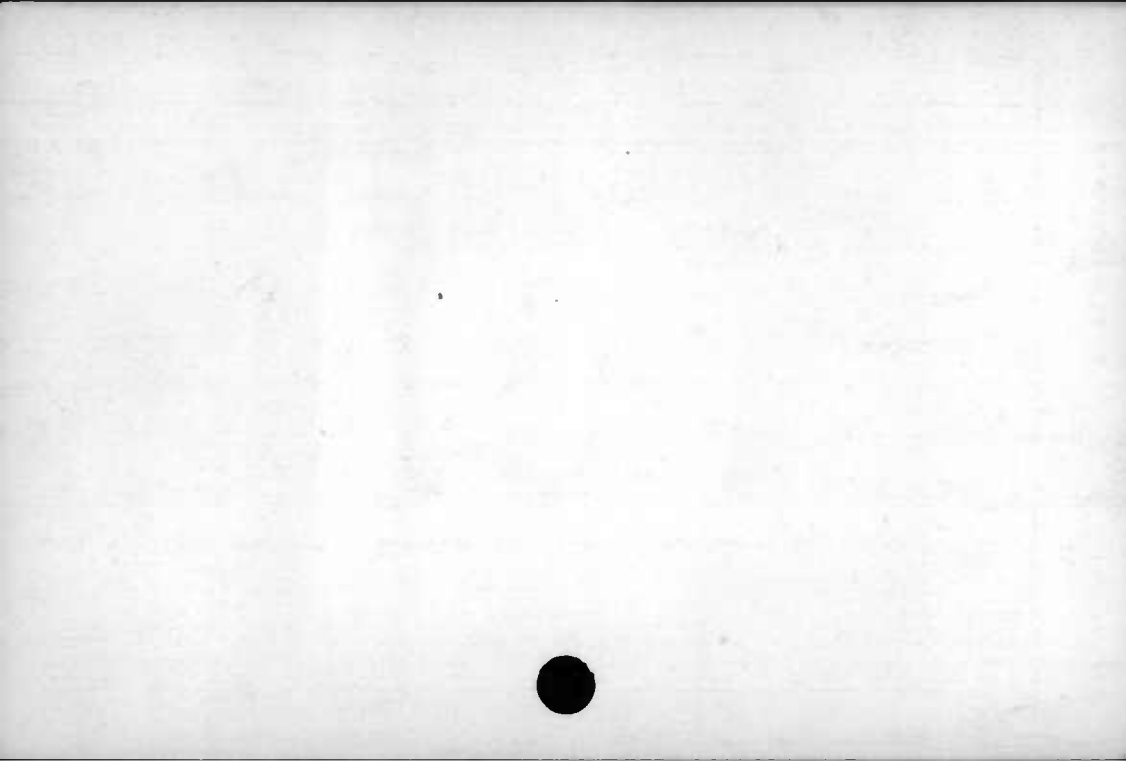
Eldersburg.

Ind.

Accident or Suicide?

-

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Elizabeth Einloft

Town

County

Died at

Lykesville

Carroll

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

July

9<sup>th</sup>

Age

67

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Housewife

Where Residing if not  
at place of death

-

Married, Single  
or WidowedName of Wife or  
Husband

Unknown

Father's  
Name

Geo. Einloft

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Elizabeth Benner

Mother's  
Birthplace

Germany

Name of person giving  
In formation

Laura Hornline

How related  
to deceased

Daughter

## CAUSES OF DEATH

154

Primary

Senile Dementia

How long

Over 4 yrs.

Immediate

Exhaustion

How long

-

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

John Norfolk Morris M.D.

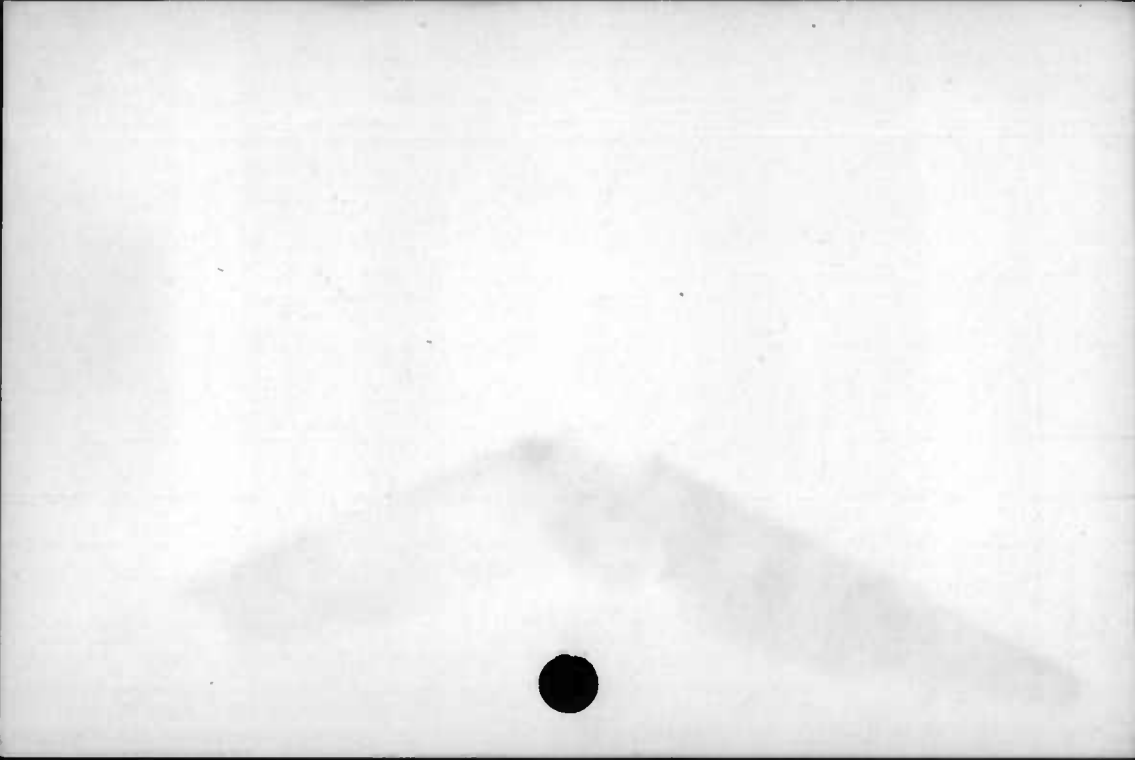
Address

Springfield Hospital  
Lykesville, Carroll Co. Md.

Accident or Suicide?

-

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Catherine Emmons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

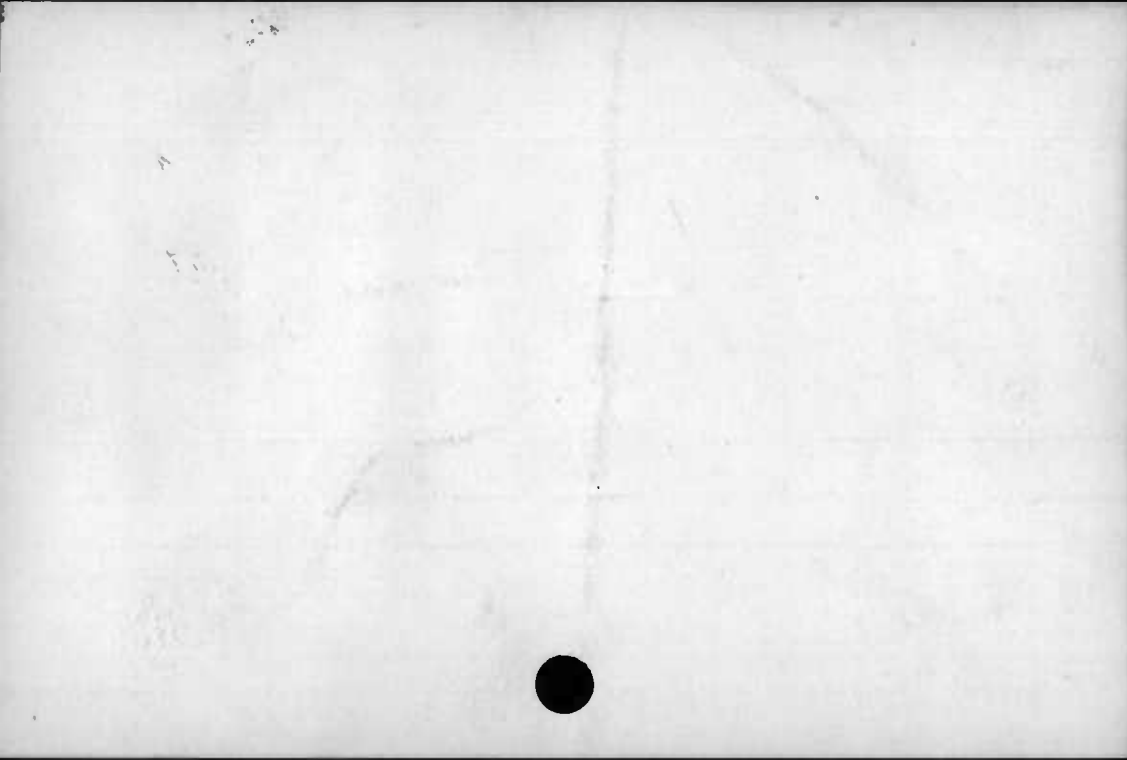
Died at <i>Sykesville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>30th</i> <small>Years</small>	<i>53</i> <small>Months</small>	<i></i> <small>Days</small>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>-</i>		
Married, <del>Single</del> or <del>Widowed</del>	<i>Married</i>		Name of <del>Wife or</del> Husband	<i>Howard O. Emmons</i>	
Father's Name	<i>John Scott</i>			Father's Birthplace	<i>Wash. D.C.</i>
Mother's Maiden Name	<i>Maria Murphy</i>			Mother's Birthplace	<i>Wash D.C.</i>
Name of person giving information	<i>Howard O. Emmons</i>			How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Phtisis Pulmonalis</i>	How long	<i>About 5 mo. ?</i>
Immediate	<i>Exhaustion</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John Norfolk Morris M.D.</i>	
		Address	
		<i>Springfield Hospital</i>	
		<i>Sykesville, Md.</i>	
Accident or Suicide?		<i>-</i>	





Name  
in  
Full

Henry Englar

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> New Windsor <sup>County</sup> Carroll

MARYLAND

Date of death 1907 <sup>Month</sup> July <sup>Day</sup> 17 <sup>Years</sup> 79 <sup>Months</sup> 6 <sup>Days</sup> 7

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Maryland

Occupation Carpenter <sup>Where Residing if not at place of death</sup> New Windsor

Married, Single or Widowed Widowed <sup>Name of Wife or Husband</sup> Mary C Englar

Father's Name Unknown <sup>Father's Birthplace</sup> Unknown

Mother's Maiden Name Unknown <sup>Mother's Birthplace</sup> Unknown

Name of person giving information J C Gilbert <sup>How related to deceased</sup> Uncle

41

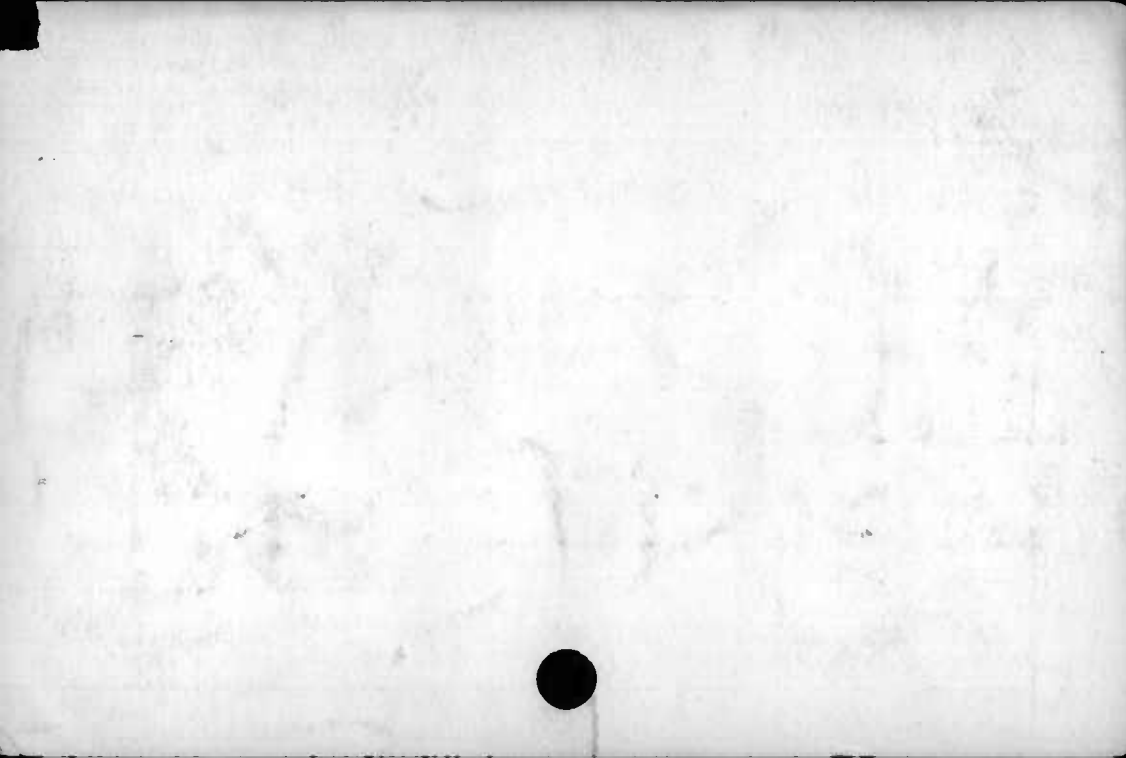
PHYSICIAN  
OR CORONER

Primary <sup>How long</sup> Carcinoma Intestine 4 mths

Immediate <sup>Are the names and places of residence of persons who attended the deceased during illness</sup> Yes <sup>Signature of Physician</sup> Dr Ira C Whitehill

<sup>Address</sup> New Windsor Md

Accident or Suicide?



Name in Full

Certificate of Death

John H. Few

Town Trizellburg County Carroll

Died at Trizellburg Carroll MARYLAND

Date 1907 July 25 Y. 45 M. 1 D. 1 Native of Maryland Occupation Miller

Male White Married Widow Divorced Widower Number of children living 0

Female Colored Single Widower Number of children living 0

Husband of Olla E. S. Ruby (79)

Wife of Olla E. S. Ruby

Father's Name Hiram Few Mother's Name Ananda Knipple

Cause of Death { Primary Cardiac Hypertrophy How long sick 5 Years.

Death { Immediate General Anasarc & Uræmia Accident, Suicide, Homicide

Reported by Lucius Kemp (over)

Address Uniontown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Buried at Leicester's Church,

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Father's birthplace - Maryland

Mother's birthplace - Maryland.

Name  
in  
Full

Marion Fisher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

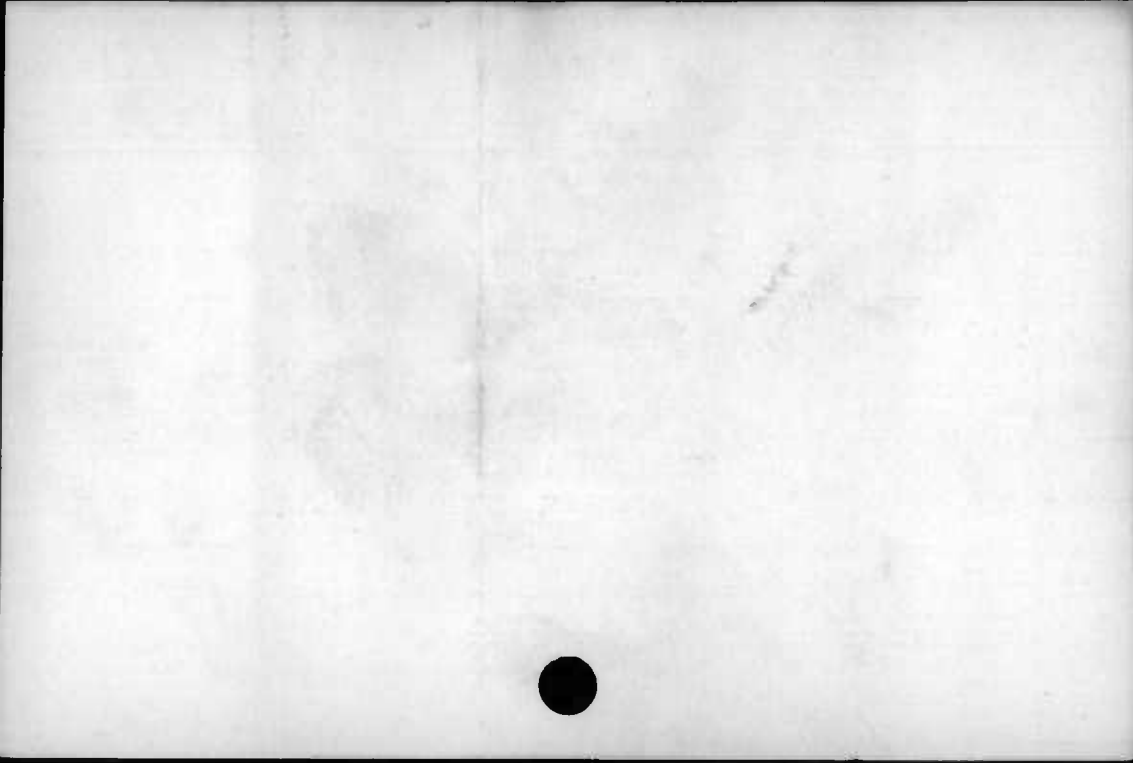
Died at <u>Sykesville</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>18th</u> <small>Year</small>	Age <u>25</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md.</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John J. Fisher</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Marion E. Hirona</u>		Mother's Birthplace <u>Delaware</u>			
Name of person giving information <u>Marion E. Fisher (sister)</u>		How related to deceased <u>Mother.</u>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Phtusis Pulmonalis</u>	How long <u>over 4 months</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Norfolk Morris M.D.</u>
	Address <u>Springfield Hosp. Sykesville</u>
	<u>Carroll Co. Md.</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Elija E. Furney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

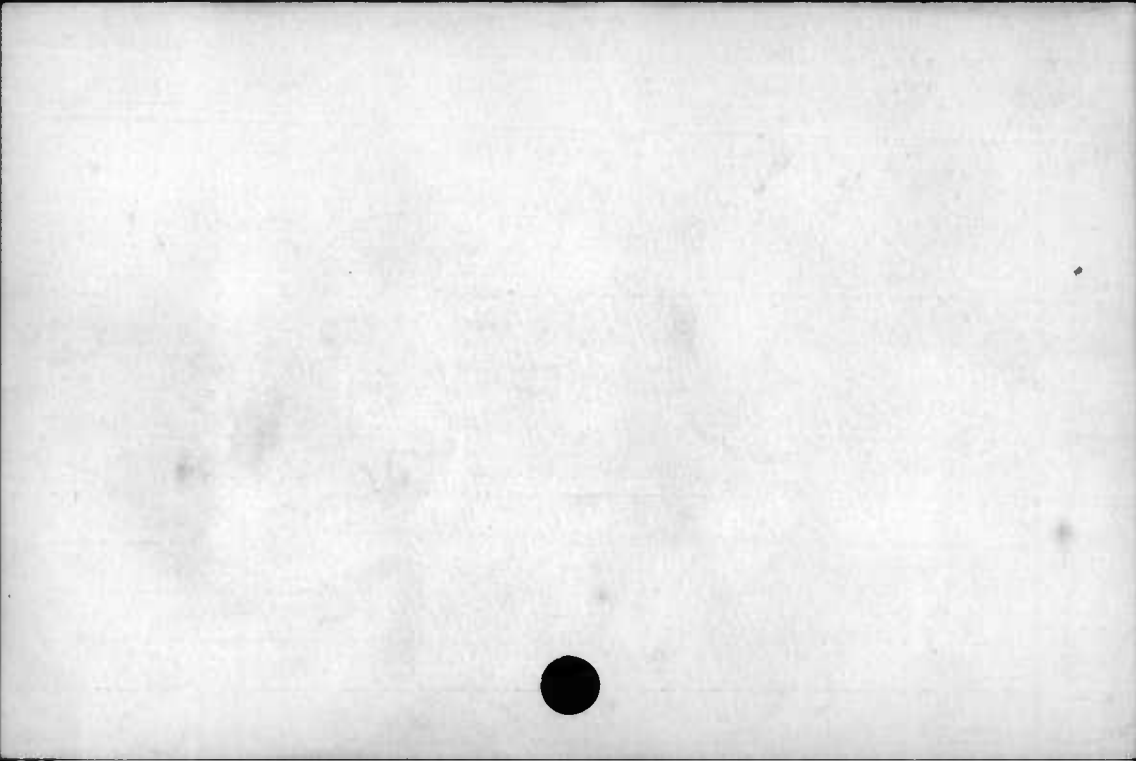
Died at		Town Hoods Mills		County Carroll		MARYLAND	
Date of death 1907	Month July	Day 3	Age	Years 76	Months —	Days 28	
Sex Female	Color or Race white		Birth- place Adams Co. Pa.				
Married, Single or Widowed widow			Occupation retired				
Name of Wife or Husband John W. Furney							
Father's Name John Herman				Father's Birthplace Adams Co. Pa.			
Mother's Maiden Name Mary W. Toot				Mother's Birthplace Adams Co. Pa.			
Name of person giving In formation Ira L. Moringstar				How related to deceased Grand son			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Acute Indigestion	How long	6 hours
Immediate	Exhaustion	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. D. Crout	
Address		Winfield Carroll Co.	
Accident or Suicide?			





Name  
in  
Full

George Gunther

224  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died *man but living* *Carroll* *MARYLAND*

Date of death 1907 July 27 Age 22 Months .2 Days .19

Sex *male* Color or Race *White American* Birth-place

Occupation *Planning mill hand* Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband

Father's Name *Henry Gunther* Father's Birthplace *Germany*

Mother's Maiden Name *Annie Carterier Weigand* Mother's Birthplace

Name of person giving information *Henry Gunther* How related to deceased *Father*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *one year*

Immediate *Asthma* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. E. Tave*

Address *Butling Road*

Accident or Suicide?

St Benignus cemetery  
Stower.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

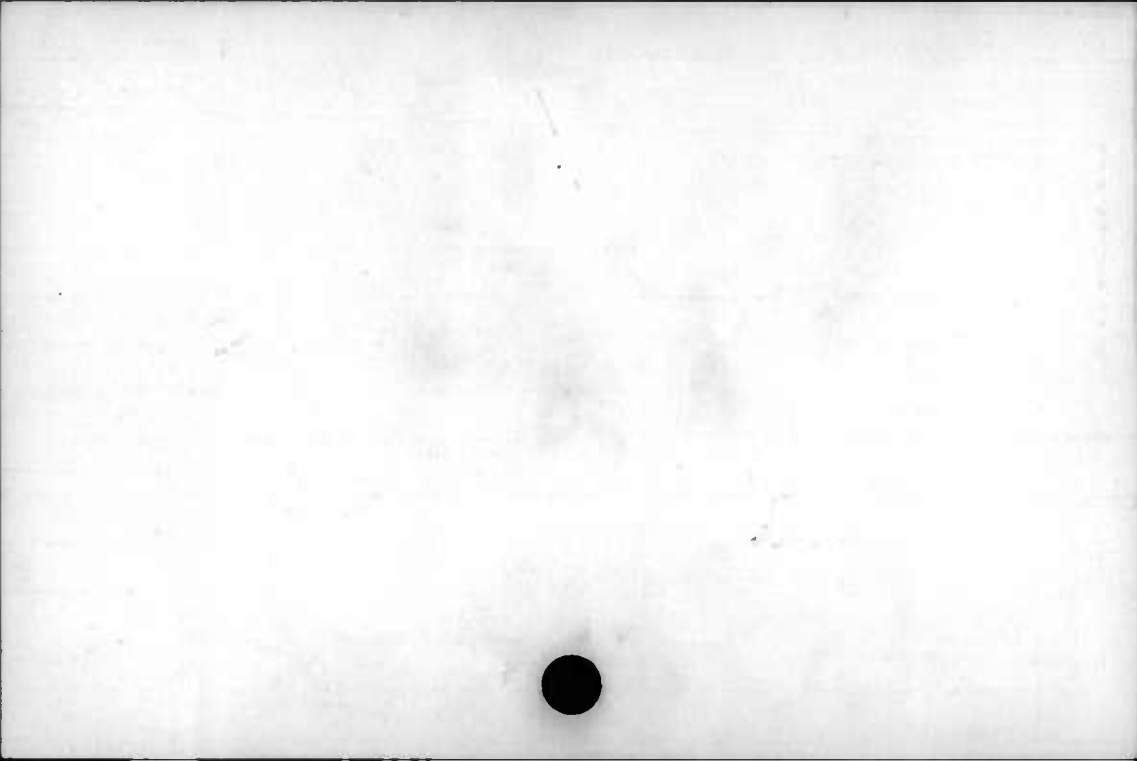
Died at <i>Hancksville</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907-7-17</i>	Age	<i>37</i>	Months	Days
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	
Occupation	<i>Housewife</i>	Where Residing if not at place of death		<i>Hancksville</i>	
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Hemiplegia Right &amp; Left</i>	How long	<i>3 weeks</i>
Immediate	<i>Pressure on Brain</i>	How long	<i>Twenty hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. R. O. Richardson</i>	
		Address <i>Hancksville</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

James W. Hesson

Town

County

MARYLAND

Died at

Harney

Carroll

Date

of death 1907

Month

7

Day

31

Age

75

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Fidel to Ind

Occupation

Carpenter

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Daniel Hesson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Magdelene Warner

Mother's  
Birthplace

Pa

Name of person giving  
In formation

Daniel Hesson

How related  
to deceased

Brother

## CAUSES OF DEATH

79

Primary

Hypertrophy &amp; dilatation of heart

How long

1 year

Immediate

Cardiac Incompetency

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

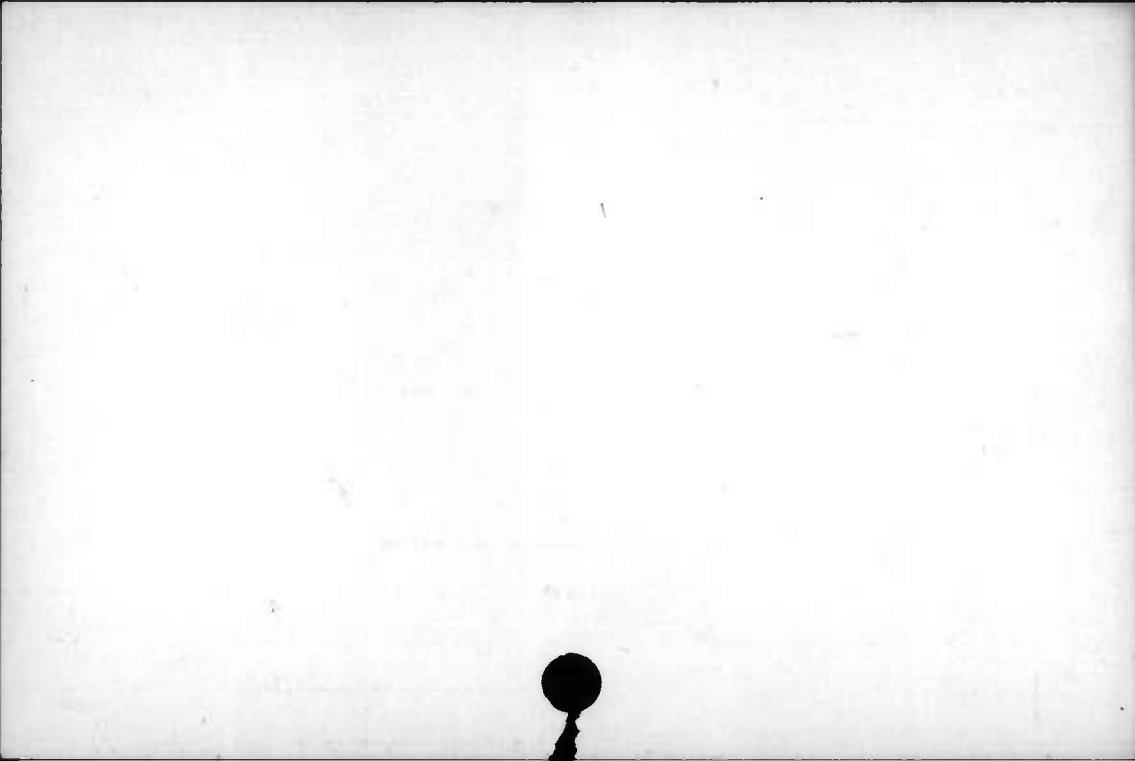
Charles D. Prop

Address

Toneytown  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Ruth E Hood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

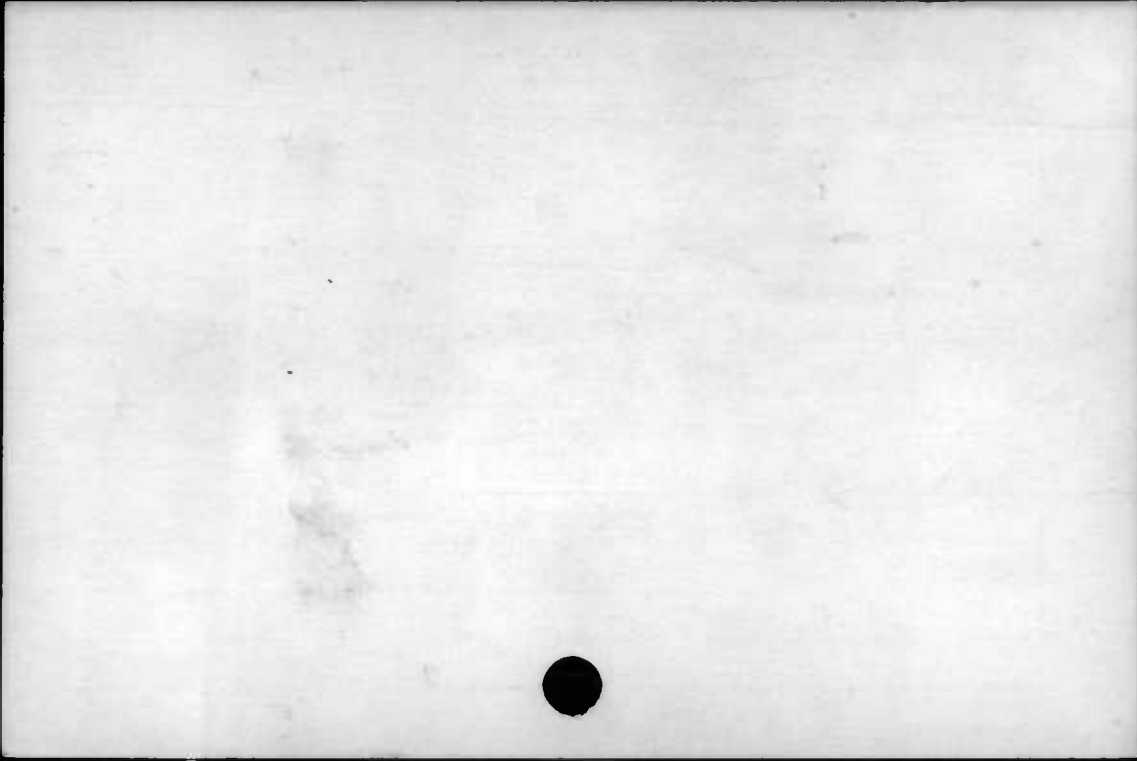
Died at <i>Mt Airy</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>7</i> <sup>Month</sup>	<i>5</i> <sup>Day</sup>	Age <i>27</i> <sup>Years</sup>	<i>6</i> <sup>Months</sup>	<i>27</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mt Airy</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John W Hood</i>			Father's Birthplace <i>Carroll Co</i>		
Mother's Maiden Name <i>Nellie M Elgin</i>			Mother's Birthplace <i>Carroll Co</i>		
Name of person giving information <i>John W Hood</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

18

PHYSICIAN  
OR CORONER

Primary <i>Pertussis</i>	How long <i>20 days</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Benj H Todd</i>
	Address <i>Bridgeville Carroll Co Md</i>
Accident or Suicide?	





Name  
in  
Full

Margaret. Knight

223

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Warfieldsburg* Town *Carroll* County *MARYLAND*

Date of death *1907* Month *July* Day *23* Age *82-* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *House/keeper* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Marshall Knight*

Father's Name *Samuel Smith* Father's Birthplace *Carroll Co*

Mother's Maiden Name *Mary Gile* Mother's Birthplace

Name of person giving information *Lewis V. Smith* How related to deceased *Brother*

## CAUSES OF DEATH

Primary *Heart Disease* How long *79* *Sudden*

Immediate *"*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*M. L. Bött*  
*Westminster, Md*

*Accident or Suicide?*

Warfieldsburg Cemetery  
Stoner

0-20-10-16

Name  
in  
Full217  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Nicholas G. Nygren</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Westminster</i>		Month <i>July</i>		Day <i>9</i>		Years <i>64</i>	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>9</i>		Years <i>64</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Danville</i>		Months <i>6</i>	
Occupation <i>Janitor</i>		Where Residing if not at place of death <i></i>		Days <i>4</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E</i>		Father's Birthplace <i>Danville</i>		Mother's Birthplace <i>"</i>	
Father's Name <i>Peter Nygren</i>		Mother's Maiden Name <i>Annie Nygren</i>		How related to deceased <i>Wife</i>			
Name of person giving information <i>Mary E. Nygren</i>		CAUSES OF DEATH					

PHYSICIAN  
OR CORONER

Primary <i>Locomotor Ataxia</i>	How long <i>5 or 6 yrs.</i>
Immediate <i>Heart Failure</i>	How long <i>day or two</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Billingsley</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Margaret Parker

No 218  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup> <i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>7</i>	Age <i>4</i> <sup>Years</sup>	Months <i>1</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Carroll Co</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>single</i>	Name of Wife or Husband		
Father's Name <i>Charles Parker</i>	Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Flora Ireland</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Flora Parker</i>	How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>one week</i>
Immediate	<i>Exhaustion</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Chas. R. Foutz</i>
		Address <i>Westminster Md.</i>
Accident or Suicide? <i>—</i>		

Ellsworth & Cecelia  
Stones.

Name  
in  
Full

Mary C. Parrish

No 222  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Springfield Hospital <sup>County</sup> Carroll Co MARYLAND

Date of death 1907 <sup>Month</sup> July <sup>Day</sup> 18 <sup>Age</sup> 56 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Female. Color or Race White Birth-place Md.

Occupation House Work - Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband John T. Parrish.

Father's Name Wesley Barber. Father's Birthplace Md.

Mother's Maiden Name Elizabeth Bowers. Mother's Birthplace ?

Name of person giving information John T. Parrish. How related to deceased Husband.

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

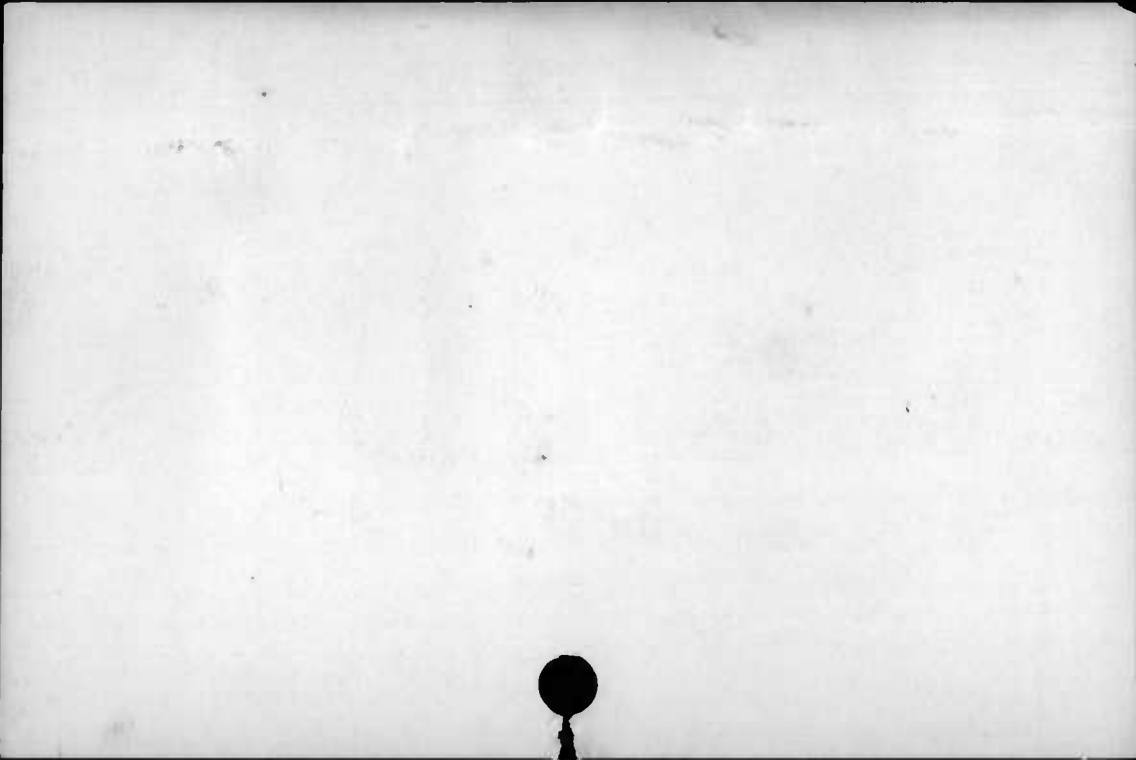
Primary Melancholia - (Acute). How long 2 months -

Immediate Organic Heart Disease How long Over 2 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. N. Hershner M.D.  
Address Springfield Hospital Md.

Accident or Suicide?





Name  
in  
Full

Irving Purey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Springfield Hospital*

Town

Carroll

County

MARYLAND

Date of death *1907 July*

Month

Day *24*Age *28*

Years

Months

Days

Sex *Male*Color or  
Race*White*Birth-  
place*Md.*

Occupation

*Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Theodore W. Purey*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Nora (?)*Mother's  
Birthplace*"*Name of person giving  
Information*Hospital records*How related  
to deceased

## CAUSES OF DEATH

95

Primary

*Epileptic dementia*

How long

*Unknown*

Immediate

*Pulmonary Congestion*

How long

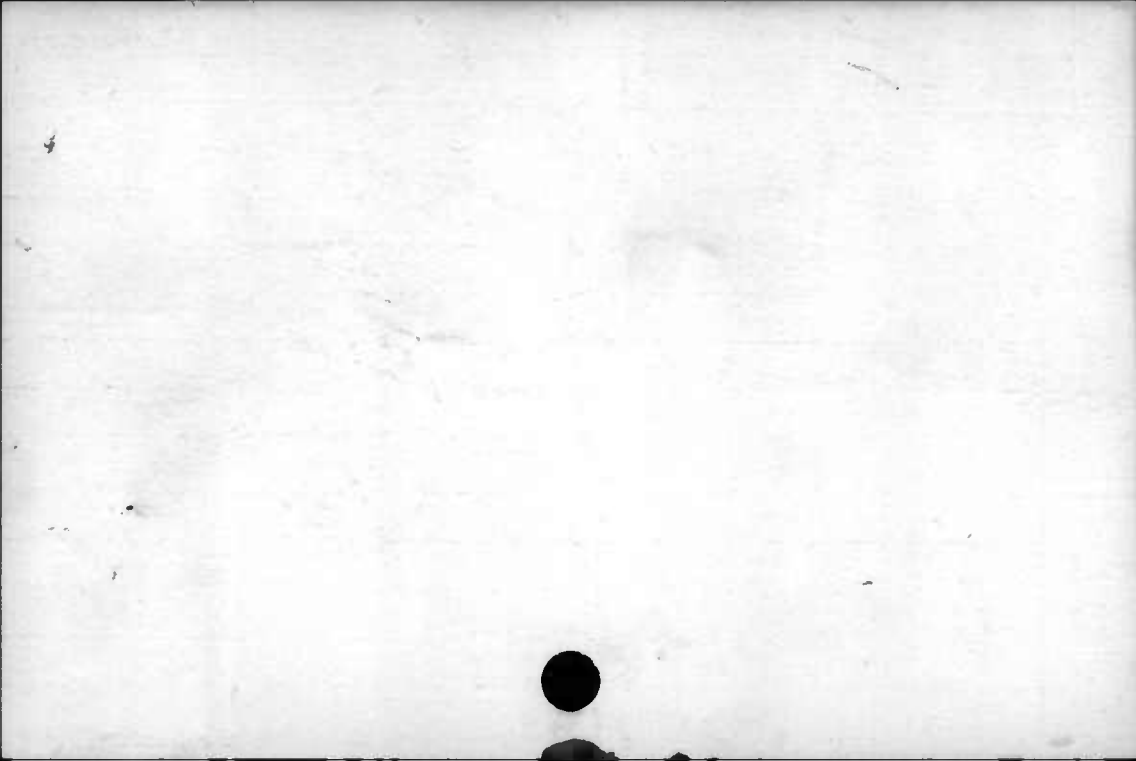
*3 hrs.*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Chas. J. Carey*

Address

*Lyskerville Md.*

Accident or Suicide?

*No*



Name  
in  
Full

Ellen Ridgley ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

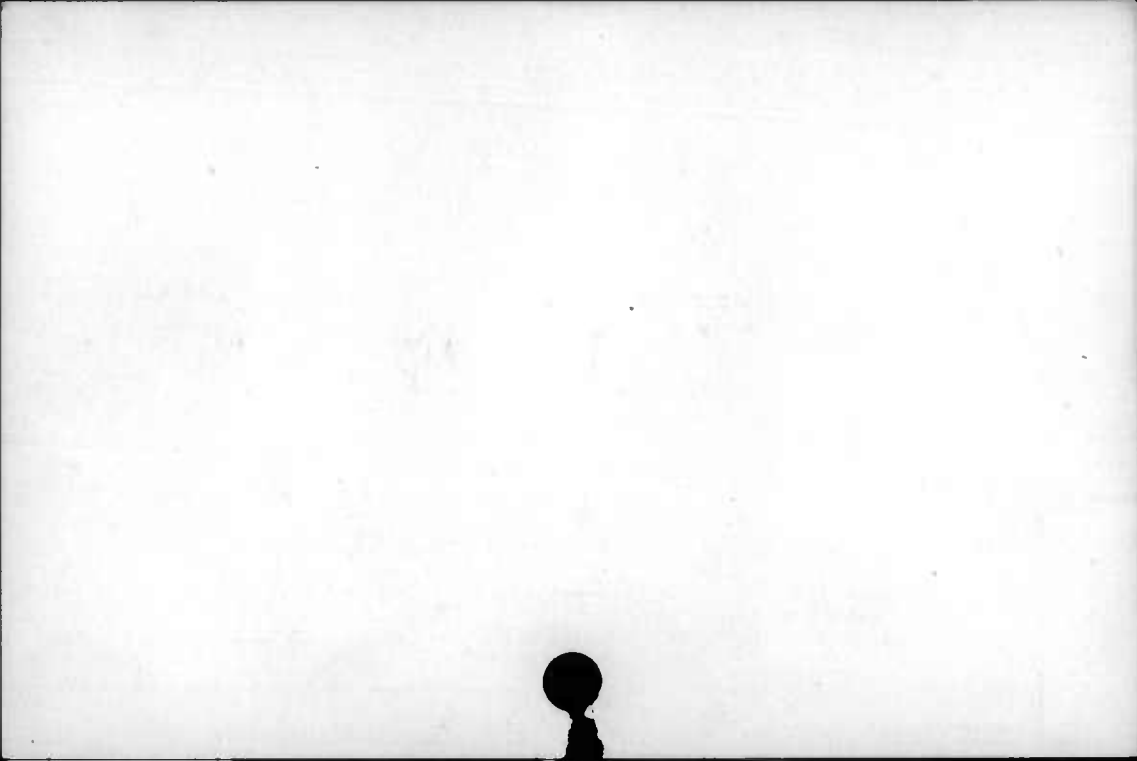
Died <del>near</del> <sup>Town</sup> Eldersburg		<sup>County</sup> Carroll		MARYLAND	
Date of death	1907	Month	July	Year	7
Age	67	Months	—	Days	22
Sex	Female	Color or Race	White	Birth-place	Balto. Co. Md
Occupation	none	Where Residing if not at place of death same			
Married, Single or Widowed	Married	Name of <del>Wife</del> Husband	Washington J. Ridgley		
Father's Name	Michael Hutson	Father's Birthplace	Md.		
Mother's Maiden Name	Deborah Plummer	Mother's Birthplace	Md.		
Name of person giving information	W. J. Ridgley	How related to deceased	Husband		

CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary	Carcinoma of Breast	How long	4 yrs.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	M.D. Morris
		Address	Eldersburg.
Accident or Suicide?	no.		



Name  
in  
Full

Catherine Roby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

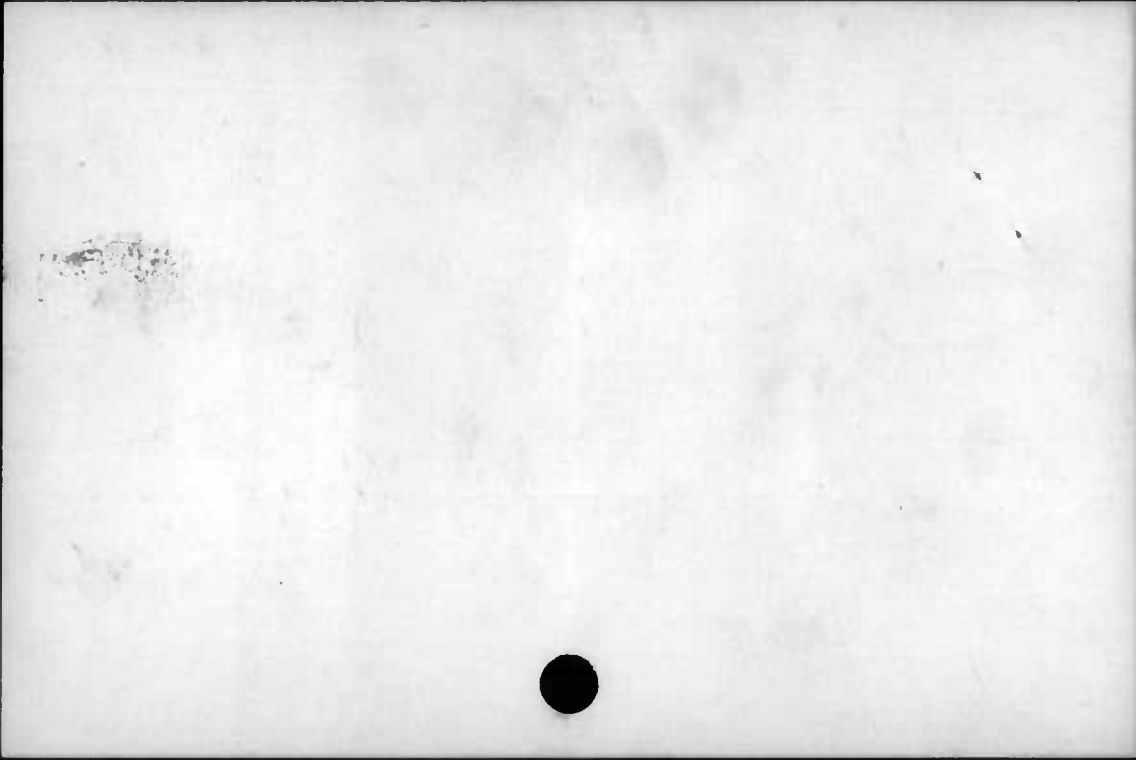
Died at <i>Dykesville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	July	Day	15th
Age		86		Months	-
Sex	Female	Color or Race	White	Birth-place	Va.
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband <i>Unknown</i>			
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Miss Ella Jones (Aged Woman; Home Baltimore)</i>			How related to deceased	<i>Friend</i>

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>over 7 yrs.</i>
Immediate	<i>Exhaustion</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>John Norfolk Morris M.D.</i>
		Address	<i>Springfield Hock Dykesville Carroll Co. Md.</i>
Accident or Suicide?	<i>-</i>		



Name  
in  
Full

Roland Royster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died <del>at</del> near Eldersburg		Carroll			
Date of death	1907	Month	July	Day	3
Age		Years	3	Months	1
Sex		male	Color or Race	Colored	Birth-place
Occupation		none	Where Residing if not at place of death		
Married, Single or Widowed		—	Name of Wife or Husband		
Father's Name		Addison Royster			Father's Birthplace
Mother's Maiden Name		Narcis Collins			Mother's Birthplace
Name of person giving information		Etta Collins			How related to deceased

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Rachitis	How long	3 years.
Immediate	Broncho. pneumonia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		M. D. Morris	
Address		Eldersburg	
Accident or Suicide?		—	

Mr R. Whear

Sykesville  
Carroll co  
Md



Name

in  
Full

Nellie Schwab

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day <sup>th</sup>		Years	
1907		July		25 <sup>th</sup>		9 Months 7 Days	
Sex		Color or Race		Birthplace			
Female		White		Baltimore			
Occupation				Where Residing if not at place of death			
				Baltimore			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
J. Frank Schwab				Howard Co			
Mother's Maiden Name				Mother's Birthplace			
Ada Price				Baltimore Co			
Name of person giving information				How related to deceased			
Mrs J. F. Schwab				Mother			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	How long
Bronchitis	Several months
Immediate	How long
Broncho Pneumonia	Two days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Y <sup>es</sup>	Walter B. Pratt
	Address
	Mt Airy or Baltimore
Accident or Suicide?	



Name  
in  
FullNo 221  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

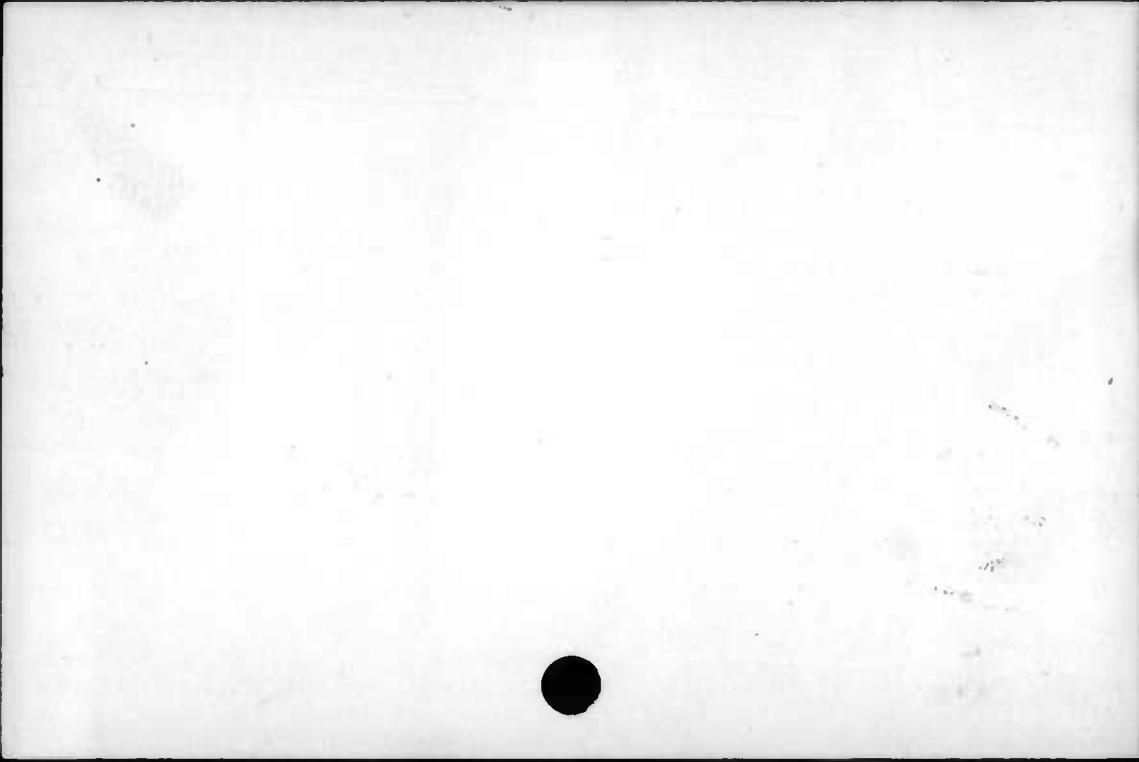
Name in Full <b>George Washington Shaw</b>		Town <b>Westminster</b>		County <b>Carroll</b>		State <b>MARYLAND</b>	
Died at <b>Westminster</b>		Month <b>July</b>		Day <b>16</b>		Years <b>74</b>	
Date of death <b>1907</b>		Months <b>5</b>		Days <b>—</b>			
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Maryland</b>			
Occupation <b>Clerk</b>		Where Residing if not at place of death <b>Washington &amp; Co</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>William Shaw</b>		Father's Birthplace <b>Maryland</b>					
Mother's Maiden Name <b>Susan Galt</b>		Mother's Birthplace <b>Maryland</b>					
Name of person giving information <b>Thos H Shaw</b>		How related to deceased <b>Nephew</b>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <b>General Debility</b>	How long <b>about 6 or 8 months</b>
Immediate <b>Cardiac Syncope</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Chas. R. Fawcett, M.D.</b>
	Address <b>Westminster, Md.</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

Gavinia E Thompson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dyersville</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death <i>1907 July</i>		Month		Day <i>16</i>		Age <i>51</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Md</i>		Months		Days	
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of <del>Wife or</del> Husband <i>Richard N. Thompson</i>							
Father's Name <i>Richard Day</i>				Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Lucretia Sullivan</i>				Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Richard N. Thompson</i>				How related to deceased <i>Husband.</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pthisis Pulmonalis</i>	How long <i>over 14 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield Storp.</i>
	<i>Dyersville, Carroll Co. Md.</i>
Accident or Suicide? <i>—</i>	

Mr Ritter.  
Village

Name  
in  
Full

Theodore Tracy.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

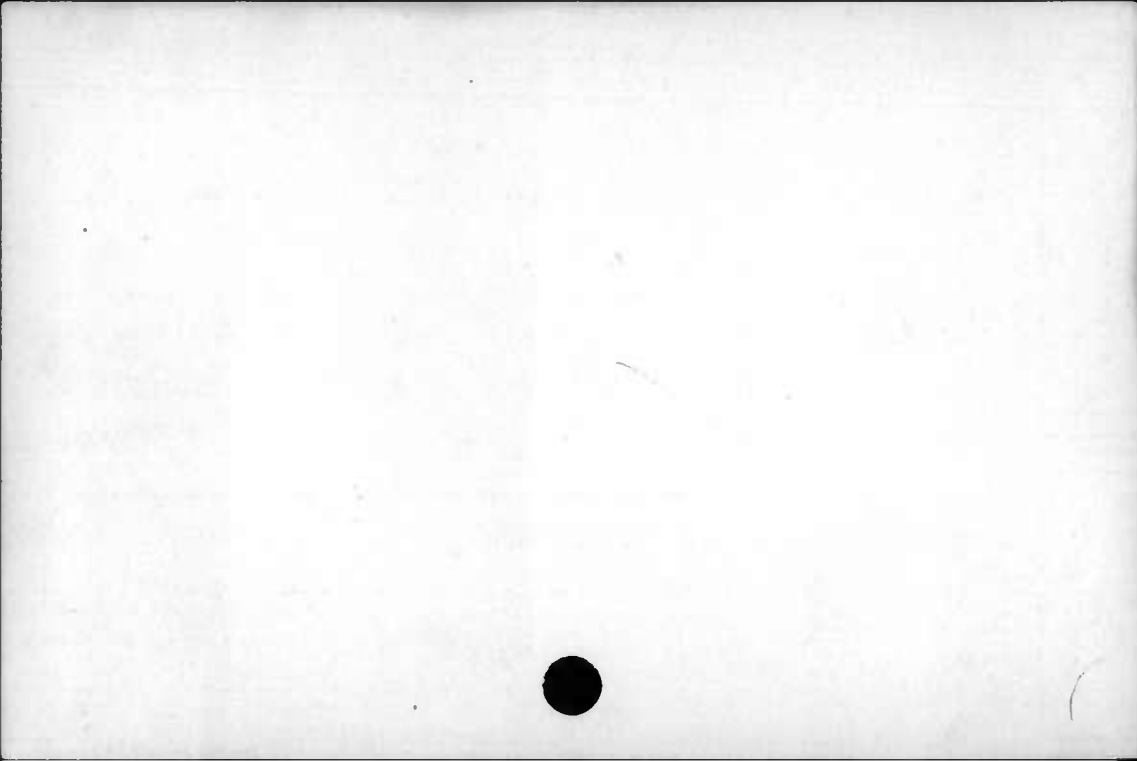
Died at <u>Lubers</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>July</u> <small>Month</small>	<u>19</u> <small>Day</small>	<u>62</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>3</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Carroll co.</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death		
Married, <del>Single</del> <u>Married</u>	Name of Wife or Husband <u>Annie Luther</u>				
Father's Name <u>Ephram Tracy</u>	Father's Birthplace <u>Balto. Co.</u>				
Mother's Maiden Name <u>Margaret Kestinger</u>	Mother's Birthplace <u>Carroll co</u>				
Name of person giving information <u>Grover Tracy</u>		How related to deceased <u>Son.</u>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Mitral Regurgitation</u>	How long <u>7 months</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J H Sherman M.D.</u>
	Address <u>Manchester</u>
	<u>Ind</u>
Accident or Suicide?	





Name  
in  
Full

Mrs Susie Tyler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

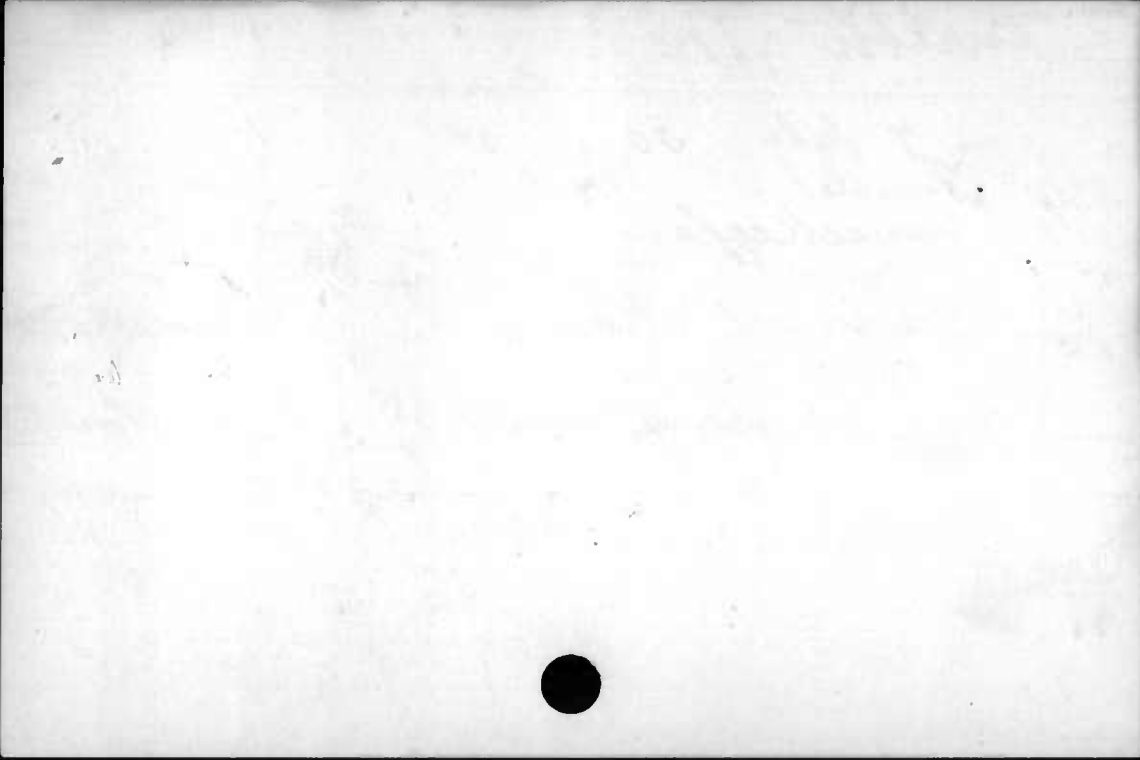
Died at <i>Dykerville</i>		Town <i>Canroll</i>		County		MARYLAND	
Date of death	1907	Month	July	Day	15	Age	29
Sex	Female	Color or Race	Black	Months	11	Days	22
Occupation	Homewife		Birth-place		Howard Co		
Where Residing if not at place of death							
Married, Single or Widowed	Married		Name of Wife or Husband		Fletcher Tyler		
Father's Name	John H. Smith		Father's Birthplace		Howard Co		
Mother's Maiden Name	Eliza Johnson		Mother's Birthplace		Howard Co		
Name of person giving information	Fletcher Tyler		How related to deceased		Husband		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>30 months</i>
Immediate	<i>St. haunton</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Daniel B. Frechen</i>	
			Address <i>Dykerville</i>	
			<i>Md</i>	
Accident or Suicide?				



Name  
in  
Full

Eurith Wagner ✓

No 225  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Saleeb</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1907	Month	July	Day	30	Age	58
						Years	11
						Months	11
						Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Carroll Co Md</i>
Occupation	<i>Housekeeper</i>		Where Residing if not at place of death		<i>Home</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Henry Wagner</i>			
Father's Name	<i>Emanuel Gore</i>				Father's Birthplace	<i>Carroll Co Md</i>	
Mother's Maiden Name	<i>How Know</i>				Mother's Birthplace	<i>Balto too Md</i>	
Name of person giving information	<i>Henry Wagner</i>				How related to deceased	<i>Husband</i>	

## CAUSES OF DEATH

(45)

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Spleen</i>		How long	<i>4 months</i>	
Immediate	<i>"</i>		How long	<i>"</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician	<i>W. J. Batt</i>
				Address	<i>Westminster Md</i>
Accident or Suicide?					

Deerfrank can  
Stower,

Name  
in  
Full

Harvey E Weant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Landytown* Town

County

*Carroll*

MARYLAND

Date of death 1907

Month

7

Day

28

Age 39

Years

Months

11

Days

9

Sex

*Male*Color or  
Race*White*Birth-  
place*Frederick Co Md*

Occupation

*Brick Mason*Where Residing if not  
at place of deathMarried, ~~Single~~  
or ~~Widowed~~*Married*Name of Wife  
~~Husband~~*Bora E. Weant*Father's  
Name*John W Weant*Father's  
Birthplace*Fred Co Ind*Mother's  
Maiden Name*Hannah Miller*Mother's  
Birthplace*Carroll Co*Name of person giving  
In formation*Wilton Koons*How related  
to deceased*Brother-in-law*

## CAUSES OF DEATH

(36)

Primary

*Alcoholism*

How long

*48 hours*

Immediate

*Pulmonary Embolism ?*

How long

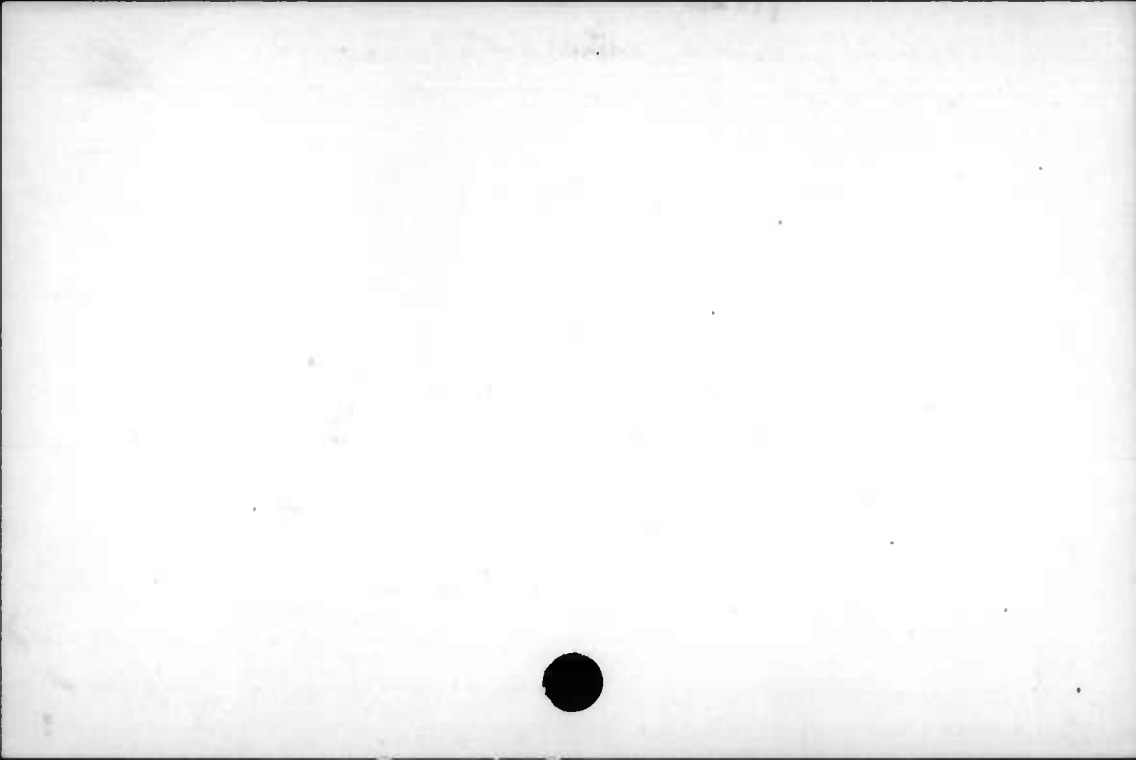
*20 minutes*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*Charles E. Roop*

Address

*Jarvis Lane**Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
FullNo 220  
CERTIFICATE OF DEATH

Mary Jane Williams

Town

County

Died at Westminster Carroll MARYLAND

Date of death 1907 July 14 Age 80 Months 2 Days 22

Sex Female Color or Race White Birth-place Maryland

Occupation None Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Jesse N. Williams

Father's Name Thomas Candlen Father's Birthplace Md

Mother's Maiden Name Elvira Barnes Mother's Birthplace Md

Name of person giving information Edward Williams How related deceased Son

## CAUSES OF DEATH

40

Primary Cancer of Stomach How long same months

Immediate How long 5 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D. J. Shipley, M.D.  
Westminster, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Shannon  
Westminster Society



Name  
in  
Full

Vernon Thomas Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <del>near</del> <sup>Town</sup> <i>Eldersburg</i>		<sup>County</sup> <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	July	Day	2
Age	-	Years	-	Months	-
Sex	male	Color or Race	White	Birth-place	Ind.
Occupation	none	Where Residing if not at place of death <i>same</i>			
Married, Single or Widowed	—	Name of Wife or Husband —			
Father's Name	<i>W. M. Wilson</i>			Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Mamie Shipley</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>W. M. Wilson</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth (7 mos.)</i>	How long	
Immediate	<i>1 clonus</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M. D. Morris</i>
		Address	<i>Eldersburg</i>
Accident or Suicide?	—		

